

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9	1						59						
10	1						60						
11	1						61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17	1						67						
18	1						68						
19	1						69						
20		1					70						
21		2					71						
22	1						72						
23		1					73						
24		2					74						
25	1						75						
26	1						76						
27	1						77						
28		1					78						
29	1						79						
30		1					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	36						TOTAL CLAIMS						

BEST AVAILABLE COPY